

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF SOCIAL SERVICES
DAY SHEET TRAINING GUIDE**



November 1, 2005

Why Keep Day Sheets?

Primary purpose is to

- Compute percentages of time spent by staff in the delivery of direct service activities, which will provide the basis for county reimbursement

- Provide documentation, along with the case record, to support reimbursement

Day sheets also:

- Provide information to determine the cost of services provided

- Enable more effective planning and budgeting

- Provide a source of recipient counts for federal reporting and program management

- Provide an audit trail for services

Recording Time on Day Sheets

While Federal regulations allow other methods of accounting for time, NC elects to use 100% time-reporting

The consensus is that 100% reporting gives counties more control over the reimbursement outcomes and enables better accountability of financial resources

Federal Regulations

OMB Circular A-87, Attachment B, 11. h.

- (4) Where employees work on multiple activities or cost objectives, a distribution of their salaries or wages will be supported by personnel activity reports or equivalent documentation
- (5) Personnel activity reports must meet the following standards:
 - (a) They must reflect an after-the-fact distribution of the actual activity
 - (b) They must account for the total activity for which each employee is compensated
 - (c) They must be prepared at least monthly
 - (d) They must be signed by the employee

Federal Regulations: Clarification

ASMB C-10, Part 3.4 clarifies further that:

A PAR is a timesheet or log maintained by the employee which contemporaneously accounts for 100% of their time.

If activities or programs worked on vary constantly throughout the work day, then they must be completed as each event begins and ends.

In limited situations a PAR can be a time certification relying on an informal log or calendar notations.

Use of logs or calendar notes is only suitable where few activities are involved and the effort involved covers long periods without diversions to other efforts.

Time sheets must be completed contemporaneously and must be detailed enough to reflect all activities performed during a specific period of time. The time increments should be sufficient to recognize the: (1) number of different activities performed, and (2) dynamics of these responsibilities.

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DAY SHEETS AND TIME REPORTING

Week of June 23, 2003: ACF Regional Office staff visit NC DSS

The purpose of their visit was to review the DSS time reporting system assess the strengths and weaknesses of the methodology and make recommendations for improvements. For two days the team met with State agency staff to obtain an overview of the system, how time is recorded how the results are used to allocate costs among programs and to address questions about policy contained in the SIS User s Manual.

The team then visited three county DSS offices where they interviewed 53 line workers to gather information so that an assessment might be made of workers understanding and practices regarding NC s time reporting system.

FINDINGS AND RECOMMENDATIONS

Major Areas of Concern

State needs to provide guidance and training to staff on the importance and use of the DSS-4263 Worker Daily Report of Services to Clients (day sheet)

Variation among counties as to how the day sheet system is implemented, how positions are defined, and guidelines given to workers for use of Service and Program Codes

Organization and content of SIS User s Manual

Clarification and/or revision of Service Code and Program Code definitions and how workers should determine the most appropriate codes to record activities

Worker Certification (signature) of the DSS-4263

Correction of errors on the day sheet

Timely submission of day sheets

Recording activities as a block of time

Recording appropriate activities as General Administration

Accounting for missing time

Recommendations

Clarify the primary purpose of day sheets

Make front-line staff more aware of how recording time on the day sheet impacts NC s Federal funding

Train staff on importance of recording activities on the day sheet as they are performed

Clarify that Supervisors should not instruct workers to use or avoid using any codes in order to affect the outcome of the time report data

Make all workers aware of the availability of written instructions in the SIS User s Manual

Provide detailed instructions to clarify the usage of Service Code / Program Code combinations (to avoid use of pre-determined combinations)

Recording Time on Day Sheets (continued)

The ACF reviewers found that for the most part, workers have developed their own personal methods for keeping up with the time that they record on the DSS-4263, and these methods are quite varied.

The ACF reviewers' interpretation is that DSS should amend the SIS manual to require contemporaneous recording of activities on the DSS-4263.

DSS position is that:

- If alternative formats (notebooks, logs, calendars, etc.) are used by the worker to track activities throughout the day, entries should be recorded
 - as concurrently with their being performed as reasonably possible
 - at intervals no less than one hour, and
 - in sufficient detail so as to allow for reliable and accurate transcription to the DSS-4263 at the end of the day.

The Daily Report should be *completed* on a daily basis.

Worker Certification

Federal regulations (OMB Circular A-87) require that workers certify their time reports for completeness and accuracy

DSS-4263 now has a certification statement and space for the worker's signature

Electronic versions of the day sheet must also be certified; options may include

- Electronic signature or PIN

- Certify detailed printout of data entered

- Certification form cross-referenced to data input by worker

- Certification pop-up or window before submit action

See SIS User's Manual, DSS-4263, page 12

Correction of Errors

Since the worker must certify the completeness and accuracy of all entries on each day sheet, only the worker can make corrections

Supervisors and data entry clerks must return the day sheet to the worker for correction

Corrected day sheets must be keyed prior to the monthly cutoff

See SIS User's Manual, DSS-4263, page 4

Timely Submission

Each day sheet should be completed on a daily basis

Day sheets should be submitted to the supervisor on at least a weekly basis

Day sheets for days falling in the last calendar week of each month should be reviewed and sent for keying by the first working day of the next month

See SIS User's Manual, DSS-4263, page 4

Recording Blocks of Time

The requirement for contemporaneous recording of activities (as they start and end) generally precludes recording activities in a block of time

If alternative formats (notebooks, logs, calendars, etc.) are used by the worker to track activities throughout the day, certain activities may be *transcribed* to the DSS-4263 as a block of time including:

Direct service activities of less than 5 minutes duration:

Must be recorded to the appropriate direct Service Code or Case Management code (codes 380, 386, 522, 580 or 590) when a client ID is not required

Must be grouped (added together) by the appropriate allowable Program Codes

General Administration activities

Missing time

General Administration

Federal regulations (OMB Circular A-87) require that workers account for 100% of their time ASBM C-10, 3.15 states Breaks, meals, generic training, etc. can all be coded to a single activity such as "admin" or "other,"

Service Code 990 should be used to record leave, travel, conferences, training, compensatory time and activities (*other than direct services*) of less than 5 minutes duration

Missing Time

Contemporaneous recording of activities should reduce or eliminate the occurrence of missing time

If a worker finds there is some time unaccounted for, the missing time must be recorded as General Administration (Service Code 990)

Failure to account for 100% of an employee's time will result in the shifting of program/activity costs to those programs for which time is accounted

SIS User s Manual

The Services Information System (SIS) User s Manual is available on-line

You can access the SIS Manual online

From links on the DSS Homepage at

www.dhhs.state.nc.us/dss

From the DHHS On-line Manuals web page at

<http://info.dhhs.state.nc.us/olm/manuals>

Directly at the following URL

<http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man>

This is the official version of the manual

SIS Change Notices

Updates to the SIS Manual

Are posted at the following address

<http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/chg>

Can be accessed from the main menu bar on the SIS Manual Table of Contents

Contain descriptions of current changes

Include links to PDF versions of

the Change Notice itself

the relevant pages from the manual (Attachments)

the entire SIS Users Manual in one PDF document (with separate links to facsimiles of the DSS-5027 and DSS-4263)

Adobe.com, where you can download Acrobat reader (for PDF docs)

Service Codes and Program Codes

ACF expressed considerable concern that the State provide clarification and instructions regarding the use of Service Code / Program Code combinations

Training to address detailed instructions for each program area is currently being planned

A brief overview for each program area will be presented later today

Tables summarizing Service Code usage and valid Service Code/Program Code combinations can be found in Appendix B of the SIS User s Manual

Definitions of Service Codes are also found in Appendix B

Descriptions of Program Codes are found in Appendix C

Tables summarizing special Service Codes and/or Program Codes, and their definitions or descriptions, can be found in Appendices D through G

Contact Performance Reporting and Automation at (919) 733-4530

E-mail Hank.Bowers@ncmail.net

Contact your Local Business Liaison

SINGLE COUNTY AUDIT EXCEPTIONS RELATED TO DAY SHEET RECORDING

Over the past several years there have been several audit findings concerning day sheet entries. Such findings could result in substantial financial penalties for the State. Listed below are some examples of recent findings.

For State Fiscal Year Ended June 30, 2004

Finding:

North Carolina's 100% time reporting system requires Counties to charge worker time to the appropriate funding source. With regard to this audit exception, one of five employees tested had incorrectly charged 480 minutes to TANF funding when in fact the time should have been charged to general administration for distribution. The error resulted in Questioned Costs.

Finding:

The County must maintain day sheets in order to document reimbursable services. The day sheet entries must be supported by documentation in the case file. The County's internal control procedures to monitor day sheets were inadequate. It should be noted that this Finding for this particular County was a repeat from a prior year.

Finding:

The County must maintain day sheets in order to document reimbursable services. The day sheet entries must be supported by documentation in the case file. Approximately 20% of the cases tested did not reflect the required documentation for day sheet entries.

For State Fiscal Year Ended June 30, 2003

Finding:

The County should implement internal control procedures to monitor day sheets in order to properly charge staff time.

DAY SHEETS IMPORTANCE AND IMPACT

Day sheets are completed by all workers providing direct services to identify the program, funding and service costs for fiscal staff to report for reimbursement. Instructions for completing the DSS-4263 (green day sheet) and a listing of Program Codes and Service Codes, along with their definitions, can be found in the Services Information System (SIS) User's Manual <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/index.htm>

Each Program Code represents a different funding source and has a specific reimbursement rate. Reimbursement is based on the Program Code recorded from the DSS-4263 Day Sheets.

IMPORTANCE

- Day sheets are an important tool to report the correct funding source (Program Code) for reimbursement to the counties and to provide the State and Federal government with statistics for requesting funds needed for counties to provide services.
- Miscoding on day sheets or missing information often leads to audit exceptions and reimbursement from the incorrect funding source that will cause the loss of state and federal revenues to the county. Workers must know the eligibility requirements and necessary case documentation for use of Programs Codes on the day sheets. Workers must know when reviews are due and when eligibility expires.
- Day sheets are to be completed on a daily basis and submitted to the supervisor for review. If corrections are needed the worker is responsible. This is to avoid incorrect reporting and missing data. Day sheets are then submitted to data entry on at least a weekly basis. Timely submission will enable data entry staff to perform their duties in a concise manner with fewer data entry errors.
- Communication/key staff – Workers need to communicate with assigned key personnel in order to make the correct choices when recording Services Codes and Program Codes. Each county will need at least one key person for this communication to occur. This key person will have to utilize the SIS User's Manual Appendix B, communicate with the Fiscal Staff for available funding sources and consult with State Program Representatives. The best code or code combination today can be incorrect tomorrow. Flexibility and communication is the key; you are the one in control.

REIMBURSEMENT PROCESS FLOW TABLE

1. Worker provides direct service(s) to client(s) or is in a training capacity.	2. Worker completes Day Sheet choosing SIS Code and Program Code entering minutes spent providing service(s) as concurrently with activities as possible. Must submit day sheets on a weekly basis.	3. Each week Data Entry enters Day Sheet data into SIS. Cutoff is the 5 th calendar day of the month (or the nearest working day if the 5 th is on a weekend or holiday) following month of service. Percentage of Time Report is generated that night compiling all data.
4. Local County Finance Up fronts the cost of salaries/fringe and all of DSS's operating costs. <u>PAYS THE BILLS</u>	5. Fiscal Staff prepares the DSS-1571 Report to request reimbursement for the Federal and State share using the County's General Ledger and the Percent of Time Report for expenses incurred the previous month	6. Fiscal Staff uploads the DSS-1571 via the internet to the Controller's Office in Raleigh no later than the 20th of the month. Earlier deadlines may be requested.
7. Controller's Office downloads the information to the reimbursement system which cost allocates expenses and creates several reimbursement reports.	8. An Electronic Funds Transfer (EFT) is sent depositing the Federal and State share into the county's bank account; the reimbursement reports are posted to XPTR and mailed to counties. There is an optional mid-month Interim report process to get counties a portion of their reimbursement earlier in the month and then the balance is sent 2 weeks later.	9. DSS Fiscal Staff reconcile reimbursement reports with the software that is used to create the reports (TEC/QuIc) and reconciles with the County Finance Office. <u>Process starts over again.</u>

COST ALLOCATION PROCESS

DSS employees that are not required to complete day sheets are the staff that does not provide direct services to a client. How are supervisors, lead workers, administrative support staff, Directors and the DSS operating costs (telephone, postage, supplies, cost of space, legal services etc.) reported?

The Cost Allocation process is setup to distribute these costs by Full Time Equivalencies (FTE'S). This is what has been reported on the day sheets in minutes for the services provided and the Program Code (funding source). It is based on time spent in each program.

Straight math determines the amount of overhead charged to each program.

<i>Program</i>	<i>FTE</i>	<i>% of total</i>	<i>Cost</i>
Social Services Block Grant (SSBG) "X"	2	8.70%	\$ 434.78
TANF "R"	8	34.78%	\$ 1,739.13
IV-E CPS "Z"	13	56.52%	\$ 2,826.09
Total	23	100.00%	\$ 5,000.00

EXAMPLES OF INCORRECT/CORRECT REPORTING

Worker has provided a service using SIS code 109 Foster Care Case Management. The worker has an option to choose several allowable program codes IF the eligibility criteria and case documentation has been recorded.

Possible Program Codes to choose from the SIS Manual Appendix B:

A, K, N, P, V, X, Z, Y, 0, 5, 6, 7, 8, & 22

INCORRECT REPORTING EXAMPLE

The worker is not sure and didn't communicate with key personnel so he/she chose SSBG "X".

SSBG participation rate is 75% federal 25% county and is a capped federal allocation. When the federal allocation is spent it reverts to 100% county.

At the end of the month the total for time spent for this worker was reported at 100% SSBG "X". Salary and fringe were reported using the 100% to SSBG and after the cost allocation process for the support and operating costs the total was \$6,000.00.

The SSBG federal allocation has been spent so the SSBG participation no longer applies. The cost for time spent in SSBG is 100% County. No revenues have been sent for time spent in this program.

CORRECT REPORTING EXAMPLE

Using the same example as the previous EXCEPT worker communicated with key staff the worker used “V” TANF Transferred to SSBG. Eligibility and case documentation recorded to use the “V” code.

TANF to SSBG participation rate is 75% federal 25% county and is a capped federal allocation. When the federal allocation is spent it reverts to 100% county.

At the end of the month the total for time spent for this worker was reported at 100% TANF to SSBG “V”. Salary and fringe were reported using the 100% to TANF to SSBG and after the cost allocation process for the support and operating costs the total was \$6,000.00.

Reimbursement sent in the amount of \$4500.00 - 75% federal of the \$6,000.00 reported and the county share is \$1,500.00 – 25%. In the incorrect example the county share was 100% \$6,000.00 a difference of \$4,500.00.

IMPACTS

Examples of impacts for insufficient communication and errors:

- Loss of Revenues (no reimbursement or not enough) to counties
- Errors causing an Audit exception in a single county audit or monitoring
- Paybacks – reimbursement back to the Federal and State
- Incorrect statistical information to the State and Federal Government for funds to be allocated based on statistics. Decreased allocations.
- No salary increases
- Decreased employee benefits
- Unsatisfied Management, DSS and Local Government
- Staff turnover
- Cutbacks in equipment and supplies
- Cannot maintain services to clients
- Not able to maximize revenues to the county
- Tax base increase to maintain county operations

IMPORTANT WEBSITES

- <http://www.dhhs.state.nc.us/dss/index.htm>
- <http://www.dhhs.state.nc.us/dss/budget/county.htm>
- <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/index.htm>

BRIEF INSTRUCTIONS FOR WORKER DAILY REPORT OF SERVICES (DSS-4263)

Who Keeps Day Sheets?

All DSS staff having direct client contact and performing client-related service activities as defined in the SIS User's Manual must maintain Daily Reports. Full-time Service Support staff, full-time Administrative Support staff, or other staff whose time is cost-allocated are not required to complete day sheets. The salary, travel, and benefit monies associated with these positions are prorated based upon percentages calculated from the direct service time of the direct staff. Full-time Supervisors are not required to keep day sheets, however, at county option, any Supervisor that is carrying a caseload and providing direct services to clients may complete a DSS-4263, recording only the time spent in direct service activities. The time spent in normal supervisory activities should not be recorded on the DSS-4263 as General Administration, as it will be cost-allocated as usual. Refer to the SIS User's Manual for detailed information about who should keep Daily Reports.

When Prepared

Since North Carolina elects to use 100% time reporting, it is of vital importance that workers complete Daily Reports as accurately and timely as possible. Appropriate and accurate recording of activities is absolutely necessary for Federal reimbursement. Federal recommendations are that workers should record individual entries on the Daily Report as concurrently with their being performed as reasonably possible, at intervals no less than one hour or at intervals less than one hour if the nature of the activities performed are subject to change more frequently. If alternative formats (notebooks, logs, calendars, etc.) are used by the worker to track activities throughout the day, entries should be recorded as described above, and of sufficient detail so as to allow for reliable and accurate transcription to the DSS-4263 at the end of the day. Whatever method is used to track activities, the Daily Report should be completed on a daily basis.

Due Date

The original copies of the Daily Report of Services to Clients should be collected, reviewed by the appropriate supervisor(s), and sent to the data entry operator on at least a weekly basis. Daily Reports for days falling in the last calendar week of each month must be collected, reviewed by the appropriate supervisor(s) and sent to the data entry operator no later than the day following the last working day of the month so that they may be keyed before the cutoff date (see below). The white copies of the Daily Report Services to Clients should be kept in the county file.

General Instructions

Each direct activity listed should consist of at least 5 minutes. Any activities of shorter duration should be recorded as concurrently as possible with the activity being

performed, and that, if some sort of alternative (note pad, calendar, PDA, day-planner, etc.) to the DSS-4263 is used to do so, then the activities like GA and Case Management (specific Service Code/Program Code combinations only) can be summed and transcribed to the DSS-4263 as single (discrete) entries ("blocks of time") at the end of each day.

General administrative activities should be tracked throughout the day, but may be recorded on the DSS 4263 at the end of the day. Identification as to what the GA includes may be entered in the Comments block. (See Appendix B for definition of General Administration.)

Some Case Management codes (e.g., 380, 386, 522, 580 and 590) may be reported in either of the following ways:

a. Add together the time spent in Case Management activities by program recorded as concurrently as possible with the activity being performed, and that, if some sort of alternative (note pad, calendar, PDA, day-planner, etc.) to the DSS-4263 is used to do so, then the Case Management (specific Service Code/Program Code combinations) can be summed and transcribed to the DSS-4263 as single (discrete) entries ("blocks of time") at the end of each day.

b. List Case Management time by specific client. This method requires all columns on the DSS-4263 to be completed (i.e., day, Service, Client ID, Minutes, and Pgm). This may be required when using Case Management codes with specific Program Codes.

Other Case Management codes require SIS Client ID numbers. Time spent in these activities cannot be reported in a block. Refer to the Appendix B Service Grids for usage requirements for specific codes.

To assure proper distribution of time to the appropriate programs, Overtime must be recorded on the Daily Reports. This includes all overtime that is; time for which monetary compensation, compensatory time or no compensatory time is received. A note should be made in the comments section as to the time spent which exceeds the normal workday. When compensatory time is taken, the time should be reported as General Administration (Code 990).

It is not necessary to report days on which the agency is officially closed for business, e.g., holidays, snow days, etc.

Minutes

Use the rightmost spaces leaving the unused spaces to the left blank to record the number of minutes spent in performing the activity reported in Item 9 (Service). Time should be recorded only for Programs or Activities as outlined above. Each direct activity listed

should consist of **at least 5 minutes**. When a worker provides services to two or more clients at the same time, all clients involved should be reported on the Daily Report with the time spent divided equally (if the same amount of time was spent with all clients) or proportionally as appropriate.

Worker Certification Statement

After the worker completes all entries on the Daily Report the form must be signed in the space at the bottom of the form to certify the accuracy and completeness of the information provided. This is a Federal requirement.

OVERVIEW OF DAY SHEET PROCEDURES

1. Record Day sheet time in at least 5 minute increments; time should be recorded as concurrently as possible with the activity being performed; if an alternative (note pad, calendar, PDA, day-planner, etc.) to the DSS-4263 is used to do so, then General Administrative activities and some Case Management (specific Service Code/Program Code combinations) can be summed and transcribed to the DSS-4263 as single (discrete) entries ("blocks of time") at the end of each day.
2. In those instances where a client ID is not required, Case Management may be reported in two ways:
a. Add together the time spent in Case Management activities by program at the end of the day by using the method above.
b. List Case Management time by specific client.
Above is Management decision
3. Overtime must be recorded whether comp time is received or not. A note should be made in the comments section as to the time spent which exceeds the normal workday. When Comp time is taken it is GA 990
4. It is not necessary to report days on which agency is officially closed for business, e.g., holidays, snow days, etc.
5. When a worker provides services to two or more clients at the same time, all clients involved should be listed on the day sheet with the time spent divided equally (if the same amount of time was spent with all clients) or proportionally. For example: group FS review or FC Case planning/Case Management-Team Setting

TASKS TO BE CODED UNDER "G" - GENERAL ADMINISTRATION

Annual Leave
Sick Leave
Comp Time OFF
Jury Duty
Travel Time to Training
Staff Meetings when there is no case specific discussions
Attendance in Training Sessions
Activities (other than direct service activities) less than 5 minute duration
Breaks

Worker must sign day sheet certifying information is correct

GA time should reflect non-direct service time.

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4 5 10

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF SOCIAL SERVICES
WORKER DAILY REPORT OF SERVICES TO CLIENTS

11	18	19	22	23	31		
						4. COUNTY PROVIDER	5. WORKER NAME LAST, FI, MI

6. CLIENT NAME	L	DAY (34-35)	SERVICE (36-38)	10. CLIENT I.D. (30-49)	11. MINUTES (63-56)	12. PGM (67-56)	13 COUNT-U SE (63-64)	14. COMMENTS
	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
	1							
	11							
	1							
	1							
	1							
	1							
	16							
	1							
	1							

DSS-4263 (REV B-00) PLANNING & INFORMATION

My signature certifies that this is an accurate account of time and services provided as listed above _____

Worker's Name
Jane Doe

(1) Date	(2) Client's Name	(3) Recipient Category	(4) Program	(5) Activity	(6) Time Spent	(7) Comments
2/15/2005	Mary Barton		FCHC		30	review
2/15	Frank Allison		FS		120	O.V. review
2/15	Artie Tyler		FS		60	Application Taken
2/15	Marie Carson		MA		75	Application Taken
2/15	Gail Hill		SA		60	Application Taken
2/15				GA		filing conf with supv 135
					Note	total work time for the day is 480
						minutes. GA time is used to show
						remainder of non client work minutes
						for the day.
						GA time not counted for direct service

Worker's
Name Jane Doe

Report
Month October 04

Program or Activity	Total Time	Percent of Grand Total
FCHC	30	
FS	180	
MA	75	
SA	60	
GA	135	
GRAND TOTAL	480	

COMMONLY USED CHILDREN'S SERVICES CODES

Program Codes are assigned to direct service activities (Service Codes). The child's eligibility is what determines which Program Code to use. However, in some cases eligibility is not required for a specific Service Code. Below are some examples of what Service Codes to use and the eligibility criteria.

- 211 Protective Services Intake Program Codes are 9, 0, R
- If a county needs to meet Maintenance of Effort in the Work First Block Grant then 9 is used.
 - If a county has met MOE and has 0 (zero) money, 0 is used.
 - If a county does not have 0 money then R is used.
 - Eligibility Verification forms is not required for this service.
- 210 Protective Services Investigation /Family Assessments Program Codes R, 0, 5, 6, 7, 8, 9
- Use the same criteria as described above in 211. When using "9" Work First Block Grant all MOE eligibility criteria must be met; MOE can not be used to fund all CPS Investigations.
- 215 Protective Services Case Planning/Case Management/In-Home Services Families found to be In Need of Services or Substantiated. Program Codes are N, R, X, Z, 0, 9
- If the Risk Assessments are Moderate, High or Intensive use Z.
 - If the Risk Assessment is low and 215 cannot be closed out use the other optional codes. TANF Eligibility applies to codes 0 & R. MOE eligibility applies to 9. Verification Forms are required for TANF and MOE eligibility.
 - X is SSBG funds
 - N is non reimbursable services
- 109 Foster Care Services for Children Program Codes are A, K, N, P, R, V, X, Z, 0, 5, 6, 7, 8, 9 and Y (*Adolescent Parenting Program –Non Medicaid) Only certain counties can use program code Y.
- Eligibility has to be determined when a child is placed in DSS custody.
 - A is for Adolescent Parenting Program
 - K is for LINKS (formerly Independent Living Program) and can be used for children ages 13 to 21. (LINKS services are mandatory in every county, however use of K may depend on each agency's available funds.
 - P is for Permanency Planning. See Handout
 - R, 0 are TANF codes. Eligibility has to be determined. Refer to the handout CHILDREN'S SERVICES ELIGIBILITY AT A GLANCE.
 - X is SSBG and some counties may have available funds.
 - Z is for IV-E Eligible Children. Eligibility criteria is determined by the wording in the court order and specific times frames and removal from a specified relative. The 1996 AFDC rules apply to Need and Deprivation.

- h. N is non-reimbursable
- i. Codes 7 & 8 are IV-E Waiver codes and only apply to specific counties.
- j. Codes 5 & 6 are IV-E Waiver-Reinvestment codes and only apply to specific counties

009 Adoption Case Management Program Codes are K, N, P R, V, X, Z, 0, 5, 6, 7, 8

- 010 Adoption Services Program Codes are N, P, R, V, X, 0, 5, 6, 7 and 8
- a. See CHILDREN'S SERVICES ELIGIBILITY AT A GLANCE for eligibility criteria.
 - b. See Service Definitions in SIS User's Manual to determine which one to use.
 - c. Eligibility is required for the above services.

SIS User's Manual

The Services Information System (SIS) User's Manual is available on-line

You can access the SIS Manual online

From links on the DSS Homepage at

www.dhhs.state.nc.us/dss

From the DHHS On-line Manuals web page at

<http://info.dhhs.state.nc.us/olm/manuals>

Directly at the following URL

<http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man>

This is the official version of the manual

- **PERMANENCY PLANNING**

Permanency Planning funds can be used to support direct services aimed at ensuring safety, permanence and well-being for children who:

1. are the subjects of a valid CPS referral, and have been determined to be in need of services based on the completion of a comprehensive family assessment process and are not at imminent risk of coming into agency custody or placement responsibility (i.e. not “reasonable candidates” for foster care);
2. are in agency custody/placement responsibility for less than 12 months;
3. are in agency custody/placement responsibility for more than 12 months and for whom the plan is adoption, custody or guardianship with an **identified** relative, or custody/guardianship with another **identified** caretaker; OR
4. have left DSS custody/placement responsibility within the previous 12 months (including post-adoption services).

Reimbursable Activities Include:

- Intensive Family Preservation Services or other services designed specifically to prevent out-of-home placement;
- Intensive Family Reunification Services during first six months of entry into out-of-home placement;
- Staff time on behalf of children in the identified population;
- Post-Adoption Services and Independent Living Services;
- Supportive intervention services to family members, relatives, caretakers as needed to achieve stability and permanence;
- Recruitment and training of foster and adoptive parents;
- Legal services designed specifically to achieve permanence for children.

Non-reimbursable activities include:

- Staff time or supportive services on behalf of children who have been in agency custody/placement responsibility for more than 12 months and for whom the plan is reunification with birth parents;
- Staff time or supportive services on behalf of children who have been in agency custody/placement responsibility for more than 12 months and for whom the plan is custody or guardianship with an **unidentified** relative or other caretaker;
- Any type of residential care or child day care payment.

CHILDREN'S SERVICES SERVICE CODE FLOW TABLE

Service	Action	Day Sheet Code	Eligibility
CPS call		211 Intake	Non required
Screen out	Process screen out		
	Accept	210 Investigation & Family Assessment	Not required for TANF "R" – required for MOE "9"
Not in Need of Services or Un substantiated	Close. DSS-5104 will generate a DSS-5027 which will close 210.		
If found In Need of Services or Substantiate	DSS-5104 will generate DSS-5027 and add 215 services. When ready to close worker will close 215.	215 CP/CM	Required
Foster Care			
Child comes into DSS custody via emergency, Voluntary Placement Agreement (VPA), undisciplined/delinquent juvenile court action, Contractual Agreement for Residential Services (CARS) or from CP/CM			
Child enters DSS custody	DSS-5027 to add service. Open DSS-5094	109	Required
	Services provided until closure. Close DSS-5094 first and then DSS-5027.		
Adoption Services			
Child in DSS custody, Court approves Plan of Adoption, TPR on Both parents or Relinquishment	DSS-5027 to add service(s)	009 and 010	Required
Final Decree of adoption case closed	Close DSS-5094 first and then DSS-5027. Open DSS-5095 for adoption assistance.		

CHILDREN'S SERVICES ELIGIBILITY AT A GLANCE

TANF 100% FEDERALLY FUNDED	TANF Transfer to SSBG	WORK FIRST BLOCK GRANT
"R"	"V"	"9" (MOE)
No eligibility for 210 & 211		No eligibility for 211
1. Family must be in crisis	1. Family income must be at or below 200% FPL	1. Family's income must be at or below 200% FPL
2. Child must be living with specified relative or lived in the home with a specified relative up to six months prior to application or an unborn child (pregnant woman living in household)	2. Family must have child in home	2. Child must be living with parent or specified relative
3. Cannot give services for more than 364 days	3. Family must be in need of service	3. Service must meet TANF purpose related to child welfare
4. Client must not have resources to meet needs	4. Child is family of one	4. CPS Intake (211) MOE wage verification not needed
5. Must be documented in child's case record		5. CPS Investigation (210) Verification through agency records is preferable

CHILDREN'S SERVICES ELIGIBILITY AT A GLANCE

TANF CPS FC/Adopt	Permanency Planning- Families for Kids	LINKS
"0" (zero)	"P"	"K"
No eligibility for 210 & 211		
1. Same as TANF Eligibility See TANF 100% Federal	1. DSS custody and placement responsibility	1. All teens in FC are targeted for services
2. Should be used before "R"	2. In agency custody/placement responsibility less than 12 months	2. Achieving self-sufficiency for adolescents ages 13-21 in DSS custody/placement responsibility
	3. In agency custody/placement responsibility more than 12 months and for whom the plan is adoption, custody or guardianship with an <u>identified</u> relative, or custody/ guardianship with another <u>identified</u> caretaker	Not all counties receive funds for staff time. Check with your Fiscal Officer.
	4. Left DSS custody/ placement responsibility within past 12 months (including post-adoption)	

CHILDREN'S SERVICES ELIGIBILITY AT A GLANCE

IV-E ADMINISTRATIVE ACTIVITIES	IV-E ADMINISTRATIVE ACTIVITIES
"Z" (with SIS Code 215)	"Z" (with SIS Code 109)
1. After substantiation	1. DSS has custody and placement responsibility
2. Child defined as reasonable candidate for FC	2. Initial court order has Contrary to Welfare or Best Interest language
3. High, Moderate or Intensive Risk Assessment	3. Within 60 days the court order has Reasonable Efforts Language. (Child is not IV-E until this language is in order.)
4. Must choose another program code for Low Risk See letter 11/25/02	4. Child is removed from a parent or specified relative.
	5. Need and Deprivation is determined. (Refer to 1996 AFDC Eligibility definitions.)
	6. Every 12 months there is a court hearing and the court order has to state the permanent plan and what reasonable efforts the agency has done to achieve that plan. (Needs to be specific.)
All above children must be a US Citizen or qualified Alien	
If a child is IV-E eligible, IV-E funds must be used.	

DAY SHEET POINTS TO REMEMBER

- It is extremely important that eligibility is correctly determined when assigning a Program Code for the services delivered
- Supervisors should check day sheets for errors; workers are to make the corrections.
- Day sheets should be completed on a daily basis and sent to supervisors and data entry at least weekly.
- Errors have to be corrected by the workers and all day sheets keyed before the 5th working day of the month.
- Identify one person in each service program and the fiscal office to oversee coding and communicate when changes are necessary.
- When a worker provides services to two or more clients at the same time, all clients involved should be listed on the day sheet, with the time divided proportionally. (For example group reviews and team meetings.)
- Workers must sign day sheets certifying that the information is correct.
- Document your activity in the comment section of the day sheet.
- Every social worker should have access to a SIS User's Manual and be familiar with how to use it. The SIS User's Manual is online at <http://info.dhhs.state.nc.us/olm/manuals> or <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/index.htm>
- Every entry on the day sheet should be supported by the running narrative in the record.



Work First Day Sheet 101

Why must you do a day sheet?

It meets a reporting requirement at the Federal, State and local levels. Through coding on your day sheet, Federal and State money are drawn down to the county - - which also establishes how much county money is required to fund the service.

Why is your signature required?

Your signature is an official act that says that what you have placed on your day sheet is a 'true and factual document of time that you spend in these activities.' For the most accurate account of your activities, DO THEM DAILY!

How do you back up your required statement of work activities [day sheet]?

As the day sheet is your 'official' statement of how funds are spent for your time, your narrative must state what actions you did that correlates to you day sheet time.

Other specifics

*All activities must be recorded on the day sheets [including leave & General Administration time]. North Carolina has a 100%-time recording system.

*Each activity should be recorded as it begins and ends, however, if time is tracked on something other than the DSS-4263, at the end of each day:

*General Administration [990] time may be transcribed to the DSS-4263 as a single block of time.

*Each direct client activity should consist of at least 5 minutes. Direct activity of less than five minutes can be coded to the appropriate Case Management code.

*Case Management time [380, 520, 522, 558], when a client ID is not required, may be totaled and transcribed to the DSS-4263 as a block of time for each Service/Program Code combination.

*It is not necessary to report days on which the agency is officially closed for business, e.g., holidays, etc.

Fields to complete on the day sheet

Item 1	County Provider Number	Required	Enter the two character county number preceded by six blanks.	Example: Clay County would be 22
Item 2	Month/Year	Required	Use a leading zero for all months less than 10	Example: 0505
Item 3	Worker SSN	Required	Record worker SSN or alternate unique 9-digit identifier.	Tip: If using the 9-digit identifier it must be the same as recorded on the DSS-1571. Statement of Program Expenditures.
Item 4	County Provider Name	Required		Example: Clay
Item 5	Worker Name		Last, First & Middle initial	Example: Doe, Jane S.

Fields to complete on the day sheet (continued)

Item 6	Client Name		Complete this section when an ID is required for the Service Code. If two or more workers are providing the same service to a client, each worker should record this information on their day sheet.	Example: Client ID & Name generally not required for Case Management.
Item 8	Day		Enter the day of the month of service. Use leading zero for all days less than 10.	Example: 05
Item 9	Service		Enter the three digit code for the service being provided.	Example: 522
Item 10	Client ID	Required with exceptions.	Record the eleven digit number (from the DSS-5027) assigned to the client, if required for the Service Code.	Example: 522 -No Id required.
Item 11	Minutes		There are 4 blocks. Use the rightmost spaces to record the minutes spent in performing the service. Must be at least 5 minutes.	Example: __ 15
Item 12	Program		Enter the code which identifies the funding source.	Example: 9

Program Codes at a glance

<u>FULL TITLE</u>	<u>CODE</u>
Work First Block Grant	9
TANF 100% Federally Funded	R
Work First Non-DSS Reimbursable [All county money]	W

TIP: Supervisors/Fiscal Staff can advise you on the Priority of Program Codes based on availability of funds.

NOTES:

Case Narrative Documentation should always support/explain coding.

Program Code: 9, R - You must receive communication from your County Fiscal Agent as to which code to use. The decision will be based upon your county's funding priority and availability.

Program Code: W - This means use of all county money. It will seldom be used and only at the direction of your County Fiscal Agent and your Supervisor.

Work First Day Sheet Coding FLOW CHART

FAMILY MAKES APPLICATION FOR SERVICES OR CASH ASSISTANCE

*Go get client, begin screening/assessment

* Complete day sheet

Day Sheet Code: 520 [Information/Referral]
or Day Sheet Code 522, 548 or 558 [worker time/Case Management]

Program Code: 9, R, W
Program Code: 9, R, W

Documentation should support coding.

SERVICES TO FAMILIES UP TO 200% OF POVERTY /Non Custodial Parent Services

* Complete Eligibility Worksheet
* Complete DSS-5027
* Complete day sheet
558 [worker time - 200%]
Program Code: 9,R,W
548 [worker time - NCP]
Program Code: R

Other services may be provided or purchased [SIS Manual link is below]

Documentation should support coding. Work First Manual 102

Emergency Assistance

* Complete County EA Worksheet

522 [worker time]
Program Code: 9, R, W

Documentation should support coding & eligibility.

**Child in the home*
**Kinship*
**Income at or below 200%*
**Citizen or legal alien*
**Nonrecurring, short time*
**Not extending 4 months*
**Not meeting ongoing needs [Work First Manual link below] 102 WFM*

BENEFIT DIVERSION

* Take cash application
* Complete day sheet
522 [worker time]
Program Code: 9, R, W

545 [worker time discussing income and resources]
Program Code: 9,R,W

Documentation should support coding.
Work First Manual 102

WORK FIRST CASH

* Take cash application
* Complete day sheet
522 [worker time] Program Code: 9,R,W
545 [worker time discussing income and resources] Program Code: 9,R,W

SUPPORTIVE SERVICES

* Complete day sheet
522 [worker time] Program Code: 9,R,W
Other services may be provided or purchased [SIS Manual link is below] You may need to Complete DSS-5027 based on the service.

Documentation should support coding.
All eligibility requirements in Work First Manual.

Close all services on DSS-5027 when no longer needed.

DAY SHEET TIPS

Tips for Supervisors

Set up system for checking the accuracy and timely submission of day sheets.

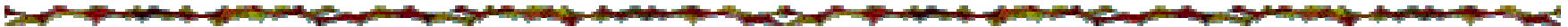
Offer worker incentives and consequences for day sheet accuracy and timeliness.

Clear the path of communication with Fiscal Agents to get appropriate Program Codes to workers.

Randomly review records to see if documentation supports use of codes on day sheets.

At group meetings, include importance of day sheets and narratives as a standard item in the agenda.

The SIS manual is on-line at <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/index.htm>



Tips for Workers

Complete your day sheets **DAILY!** It is your true report for reimbursement!

ALWAYS sign your day sheets!

Submit your complete and correct day sheets at least **weekly!**

Complete your narratives timely to support your day sheet coding!

Refer to the SIS User's Manual and ask your supervisor if you have questions!

Commonly Used Work First Codes

Service Code	Definition	Available Program Codes
520	Work First Information and Referral	9, R, W
521	Child Care	9, R, W
522	Case Management Without Eligibility Determination	9, R, W
545	Work First Eligibility Determination	9, R, W
548	Non-Custodial Parents Case Management	R
558	Case Management Retention Services [200% services]	9, R, W



Other services may be provided or purchased. See link
<http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/index.htm>
 You may need to Complete DSS-5027.

<u>Links</u>	Work First Manual	http://info.dhhs.state.nc.us/olm/manuals
	SIS Manual	http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/index.htm

Day Sheet Training Outline for Adult Services Program and Service Codes

Opening Statement:

The Worker Daily Report of Services (DSS-4263) also known as the “Day Sheet” is an important part of the provision of Adult Services because, the data reported on the form enables the State to meet the reporting requirement at the Federal, State, and local levels. Federal Regulations require workers to accurately document their time and activities if 100% time-reporting is used, as is the case in North Carolina. Day Sheets are used to compute percentages of time spent by service staff in direct services activities such as Case Management services, Payee services, Adult Protective services and Guardianship services. This is the mechanism underlying reimbursement for the costs associated with direct provision of services. Day sheets must be maintained for possible audits for a minimum three year period.

Several reports can be generated from the data recorded on the Day Sheet. This can help the Supervisor of the Adult Services Unit determine the amount of time spent on a particular program area and how much time spent per worker on a particular case. The Supervisor can also get a fair idea of how the unit is doing regarding time management as compared to requests for service and how effective the Unit is in answering those requests.

Service Codes:

Service codes are used to record the time spent in a particular program or service area. These codes are recorded on the Day Sheet and reviewed by the Adult Services Supervisor prior to forwarding the information to the Fiscal staff in the agency. Program Codes are used to assign the cost of providing service activities to specific fund sources. The worker may have more than one Program Code to choose from so it is important that the worker understand what the Program Codes are, why they are used with specific Service Codes, and how the service recipient’s eligibility impacts which Program Code should be selected.

For example:

SIS Service Code 200-Adult Protective Services – Intake has three Program Code options (J, N, X). The worker would choose J if the county was a recipient of the State Adult Protective Services Fund used to expand the county’s Adult Protective Services program. The worker would choose X to utilize the SSBG when the State Adult Protective Service Fund is not an option. The same would apply to Service Code 202-APS evaluation and 204-APS Mobilization of Services, except that Program Code 2, Medicaid Case Management, may also be an option for services provided to specific individuals. The county can also choose to use Program Code N, if they want to use 100% county funds to pay for APS.

Note About Program Codes Used By Adult Services:

Program codes usually used by the Adult Services folks:
X, J, N, 2, O, B, I, U, H.

Description of program codes, service codes and funding cost to the County:

X – To utilize the funding under the **Social Services Block Grant**.

This is the main stream of funding for Adult Services programs. The state and federal share equals 75% of the reimbursement with a 25% match by the county. Eligibility is based on need (Family Services Manual Volume VI, Chapter II) except for transportation which requires that the recipient earns less than 60% of the State Established Income.
(<http://info.dhhs.state.nc.us/olm/manuals/doa/>)

The following are service codes used with Program Code X:

030 - Day Care Services for Adults
(Family Services Manual Volume V, Chapter II, Hard Copy Only)

155 - Day Health Services for Adults
(Family Services Manual Volume V, Chapter II)

091 - Foster Care Services for Adults – Recruitment and Evaluation
(Division of Facility Services)

095 - Adult Placement Services
(Family Services Manual Volume V, Chapter III, Hard Copy Only)

107 - Guardianship Services
(Family Services Manual Volume V, Chapter VIII)
(<http://info.dhhs.state.nc.us/olm/manuals/doa/>)

200 - APS Intake
(G.S. 108A)
(Family Services Manual Volume V, Chapter VII)
(<http://info.dhhs.state.nc.us/olm/manuals/doa/>)

202 - APS Evaluation
(G.S. 108A)
(<http://info.dhhs.state.nc.us/olm/manuals/doa/>)

204 - APS Mobilizing Services
(G.S.108A)
(<http://info.dhhs.state.nc.us/olm/manuals/doa/>)

041 - 042 - 043 - 044 - 045 - 046 - In-Home Aide Services
(Family Services Manual, Volume VII, Chapter VIII, Hard Copy Only)

110 - Health Support Services
(Family Services Manual Volume VII, Chapter III, Hard Copy Only)

330 - Individual and family Adjustment Services
(Services Information System (SIS) Appendix B)
(<http://info.dhhs.state.nc.us/olm/manuals/dss/>)

331 – Representative Payee Services
(Services Information System (SIS) Appendix B)

380 – Case Management
(Services Information System (SIS) Appendix B)

381 – Services Intake
(Services Information System (SIS) Appendix B)

B (age 18 through 59), or I (age 60 and over) – State In-Home Services Fund

(87 1/2% State with a 12 1/2% County match).

Eligibility is based on specific mental and/or physical deficiencies and need help in order to remain at home.

H - HCCBG Option A Reporting. Reported information and reimbursement is flowing through the Area Agency on Aging.

U - HCCBG Option B Reporting will be from the Department of Social Services to the Division of Aging and Adult Services and reimbursement will be made from the Division of Aging and Adult Services to the county finance director.

J – used when an Agency has been allocated an amount of funding from the **State Adult Protective Services Fund**.

(100% State)

The purpose of the fund is to help local DSS's to expand their Adult Protective Services program by adding more man hours for the purpose of providing this service. Eligibility is based on the specific criteria as set under G.S. 108A

200 - APS Intake

202 - APS Evaluation

204 - APS Mobilization of Services

2 – used for the provision of Medicaid Case Management.

These funds are provided to agencies operating a certified At-Risk Case Management program under Title XIX (Medicaid) or Adult Care Home Case Management under Title XIX. Eligibility is based on specific needs of the recipient as described in the Medicaid Bulletin and Manuals. Service Codes used under this funding are:

395 - At-Risk Case Management
(63.49% Federal with a 36.51% County match)

(Medicaid Special Bulletin 10/92, Hard Copy Only)
(Medicaid Bulletin Number 5, 5/03, <http://www.dhhs.state.nc.us/dma/bulletin.htm>)
(Medicaid Bulletin, 11/94, Hard Copy Only)
(DSS Administrative Letter – Adult & Family Services 2-93, Hard Copy Only)
(DSS Administrative Letter – Adult & Family Services 4-96, Hard Copy Only)
(DSS Administrative Letter – Adult & Family Services 5-96, Hard Copy Only)
(DMA Administrative Letter 04-01, Hard Copy Only)

396 - Adult Care Home Case Management
Family Services Manual Volume V, Chapter IX
(50% Fed 25% State with a 25% County match)
(<http://info.dhhs.state.nc.us/olm/manuals/doa/>)

397 - Adult Care Home Screening
(50% Fed 25% State with a 25% County match).
(<http://info.dhhs.state.nc.us/olm/manuals/doa/>)

O – Used for the State Adult Home Specialist Fund.

(50% Federal 40% State 10% County match)
This fund source provides funds to support Foster Care Services for Adults – Recruitment and Evaluation activities. The purpose of the fund is to help agencies reduce the number of homes assigned to the Adult Home Specialist. The goal is to maintain a minimum ratio of 1:14.

091 – Foster Care Services for Adults – Recruitment and Evaluation.

N – Non-DSS Reimbursable

The Agency has decided to use all county funds to provide a particular service.

Information about all of the above Service Codes and the allowable Program Codes for each can be found in Appendix B of the online SIS User's Manual. Definitions for Program Codes can be found in Appendix C. The SIS User's Manual can be found at <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/index.htm>.